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ABSTRACT

The purpose of this project was to help teachers improve their classroom instructional skills by providing a teacher support system based on the clinical supervision model. Participating teachers and administrators came from Region VI of the District of Columbia Public Schools. Participants received training and practice in the clinical supervision model. The project was evaluated by reviewing teacher reports of clinical supervision models, analyzing an internal evaluation instrument, and administering a survey to participating teachers. Evaluation was designed to examine the demonstration of clinical supervision skills by both 1977-79 and 1978-79 participants, the demonstration of a more positive attitude toward supervision, and the refinement of instructional materials used in the program. Findings indicated that (1) teachers trained during 1977-78 used their knowledge of clinical supervision in their own schools, (2) teachers trained during 1978-79 demonstrated knowledge of the concepts and strategies of the clinical supervision model, (3) a positive change in attitude toward supervision was reported by 94 percent of the participants, and (4) refinement of instructional materials was made. It was concluded that teachers and administrators can be trained to provide clinical supervision to fellow teachers as an alternative to but not necessarily a replacement for traditional supervision. (Author/JM)

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DISTRICT OF COLUMBIA PUBLIC SCHOOLS

IMPROVING INSTRUCTION THROUGH SUPERVISION E. S. E. A. TITLE IV-C

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Final Evaluation Report

EA 012 507

VINCENT E. REED
Superintendent of Schools

January 1980

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA

IMPROVING INSTRUCTION THROUGH SUPERVISION

Final Report

1979

Prepared by
Division of Research and Evaluation

IMPROVING INSTRUCTION THROUGH SUPERVISION

Roberta Palmer, Project Director

DIVISION OF RESEARCH AND EVALUATION

Mildred P. Cooper	Assistant Superintendent
June Bland	Assistant for Evaluation

TITLE IV-PART C EVALUATION UNIT

Lavolia Vails	Director
Marcia McBeath	Education Research Assistant
Mark Arenas	Research Assistant
Virginia Wise	Administrative Clerk

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SUMMARY

Title

Improving Instruction Through Supervision

Project Director

Dr. Roberta Palmer

Project Location

The Project Director's Office is in the Old Carver School. Classes were held in the Region VI Educational Center at the Bunker Hill School.

Target Population

Participating teachers and administrators come from Regions VI and III with Peer Assistance Teachers included from throughout the District.

Background

The project was initially developed in Region VI after budget cuts required limiting funds covering the cost of traditional supervisors.

Description of the Project

Teachers and administrators receive training and practice in the clinical supervision model which allows them to help other teachers at the local school level.

Evaluation

Evaluation was designed to examine: (1) Demonstration of Clinical Supervision skills by 1977-78 participants; (2) demonstration of Clinical Supervision knowledge by 1978-79 participants; (3) demonstration of a more positive attitude toward supervision and (4) refinement of instructional materials.

Findings

1. A total of 511 staff members have been trained during the first two full years of project operation.

2. Teachers who were trained during the 1977-78 school year use their knowledge of clinical supervision in their own schools.

3. Teachers who were trained during the 1978-79 school year demonstrate knowledge of the concepts and strategies of the clinical supervision model.

4. A positive change in attitude toward supervision was reported by 94% of the participants.

5. Refinement of instructional materials was made.

Conclusions

1. Teachers and administrators can be trained to provide clinical supervision to fellow teachers as an alternative to, but not necessarily a replacement for traditional supervision.

2. The clinical supervision model is especially useful in helping teachers to improve their teaching of subject matter skills, their use of CBC and behavioral objectives, and their classroom and environmental management techniques.

3. Teachers who are trained in the clinical supervision model are able to apply their learning to their own classroom needs.

4. Teachers and administrators who receive clinical supervision training develop a more positive attitude toward supervision.

BACKGROUND AND PROJECT OBJECTIVES

Introduction

Purpose - The purpose of the project, IMPROVING INSTRUCTION THROUGH SUPERVISION, is to provide a support system for teachers, based on the clinical supervision model. The approach is characterized by a mutually supportive teacher-supervisor interaction. The supervisor is another teacher or administrator who has received training in the clinical supervision method. The model seeks to employ a supportive non-threatening approach.

Need - This project is a response by Region VI and later by Region III to develop the capacity at the local school level to assist teachers in improving their classroom instructional skills. This need has arisen because of the limited amount of supervision that can be provided by traditional methods i.e. an itinerant corps of teacher helpers.

History - Based on observations of classroom behavior by Regions VI administrators, the need for increased teacher effectiveness was identified as being especially critical to the implementation of a competency based curriculum.

The IITS project began during the 1976-77 school year with a pilot project that began training administrators in the clinical supervision techniques. Some of these administrators became the nucleus of the training staff during the 1977-78 year, the first fully operational year of the project. This pattern of trainees becoming trainers was repeated during the 1978-79 school year with teachers becoming a part of the instructional staff. The pattern will continue during subsequent years.

This project is attempting to increase its impact yearly by involving more teachers and administrators. During the 1977-78 school year all of the administrators from Region VI continued the course. At least five teachers from each school in Region VI and the school system's peer assistance teachers were trained in the techniques of clinical supervision. At the conclusion of the 1978-79 school year, one-third of the teachers in each school in Region VI as well as all of the administrators in Region III and VI will have been trained.

During the 1977-78 school year, training was provided to 153 Region VI teachers, 24 Region VI administrators, 29 peer assistance teachers from six Regions and two teachers from non-public schools.

During the 1978-79 school year training was provided to 167 Region VI teachers, 70 Region III administrators, 28 peer assistance teachers from all six regions and four teachers from non-public schools.

Description of the Project

Target Population - Included in the target population are all of the teachers and administrators from Regions VI and III. Peer Assistance Teachers from throughout the District are also part of the population.

The Model - Training focuses on the model described by Morris Cogan in his book CLINICAL SUPERVISION, published in 1972 by Houghton Mifflin. The five-step process consists of (1) pre-observation conference (2) observation (3) analysis and strategy (4) post-observation conference, and (5) post-conference analysis.

Pre-Observation Conference - In the pre-observation conference the teacher and supervisor establish a mutually supportive relationship. During the conference they identify the problem, clarify the instructional objectives, agree on an identified problem, plan what will be observed and recorded, and set up a time for observation.

Observation - During the observation the supervisor observes the teacher lesson and records appropriate data.

Analysis and Strategy - For the analysis and strategy step both participants analyze what happened during one lesson. They look for patterns which may characterize the teacher/learner interaction. They consider factors which may have been crucial to the outcome.

Post-Observation Conference - At the post-observation conference the teacher and the supervisor share ideas concerning the identified problem. They also may discuss other teacher practices which might have implications for future lessons.

Post-Conference Analysis - The post-conference analysis allows a review of the entire process and an opportunity to make plans for the future.

Training - Training consists of a two-semester course (See Appendix A) The clinical supervision model and its application are taught during the first 15 sessions. The second semester consists of laboratory sessions during which the participants return to their schools to practice the model with peers. A final session is held at the conclusion of this phase to report on the laboratory experiences and to share plans for implementation at the local level.

Materials - Materials used in training consist of assigned readings, videotapes, audiotapes, and a slide presentation. Instructional techniques include lectures, discussions, role-playing and real-case applications. Participants also have printed media resources available to them.

Staffing - Teacher participants are assigned to one of six sections with approximately 30 teachers per section. Each section is headed by an instructor with two assistants. The instructional staff are district teachers and administrators who had received their training in previous years. Sections are assigned to meet either on Tuesday or Thursday with participants selecting the section they prefer. (See Appendix A.)

Stated Objectives of the Project

A. First year project teachers in each school and Region VI administrators will be able to demonstrate the skills involved in the clinical model for supervision, especially with regard to the following:

   1. Observation and analysis of classroom teaching

   2. Conducting conferences with teachers, using a supportive approach

   3. Planning and providing experiences to produce improved teacher behavior

   4. Handling critical incidents.

B. Additional teachers in each school, the school system's second year peer assistance teachers, and Region III administrators will have knowledge of the concepts and strategies of supervision, with an emphasis on clinical supervision, as a first step in their development as helpers of teachers.

C. Teacher participants will have a more positive attitude towards supervision as an aid in the improvement of instruction.

D. Instructional materials which were developed for teachers and administrators during the first year of the project will be refined through use with second groups of teachers and administrators, and packaged for use with future groups.

EXTERNAL EVALUATION DESIGN

The external evaluation is designed to measure the four objectives to determine the degree to which they were met, to determine the success/effectiveness of the project, and to examine certain aspects pertaining to exportability. The following evaluation activities were carried out.

Enrollment Representation

1. A review of the pattern of training for four years to show how trainees become trainers

2. An examination of numbers and types of participants enrolled to show representation

Demonstration of Clinical Supervision Skills by 1977-78 Participants

1. An analysis by percent and description of the use of the model by Region VI teachers to show skills demonstrated and focus of the supervision

2. A review of reports of clinical supervision models in action in Region VI to show how skills are demonstrated

3. An analysis by percent of the use of the model by Peer Assistance Teachers throughout the district to show which skills are demonstrated

Demonstration of Clinical Supervision Knowledge by 1978-79 Participants

1. An analysis by percent of a pre-post assessment instrument to show attainment of knowledge of concepts and strategies

2. An analysis by percent of the use of the model in role playing and real cases by teachers, peer assistance teachers and admininstrators to show which skills are demonstrated

3. An examination of a sampling of written reports with a statistical test accepted if significance is found at the .05 level(the test is to determine the congruence between steps of the model as stated by teachers and as described by teachers.)

4. An analysis by percent, of credit earned as an indication of demonstrating knowledge of clinical supervision

Refinement of Instructional Materials

1. An examination of action plans submitted by participants to show representation and to review content

2. An analysis by percent of staff evaluation of program format, content, and operation to show in which areas instructors were most and least satisfied

3. An examination of staff questionnaire comments to show in which areas staff reported wanting changes

4. An analysis by percent of teacher participants' evaluation of program format, content, and materials to show in which areas participants were most and least satisfied

5. An examination of participants' questionnaire recommendations and comments to show in which areas staff reported wanting changes

6. A review of the refinement of instructional materials to see if they are based on input from staff and participants and to see if they have been completed

Exportability

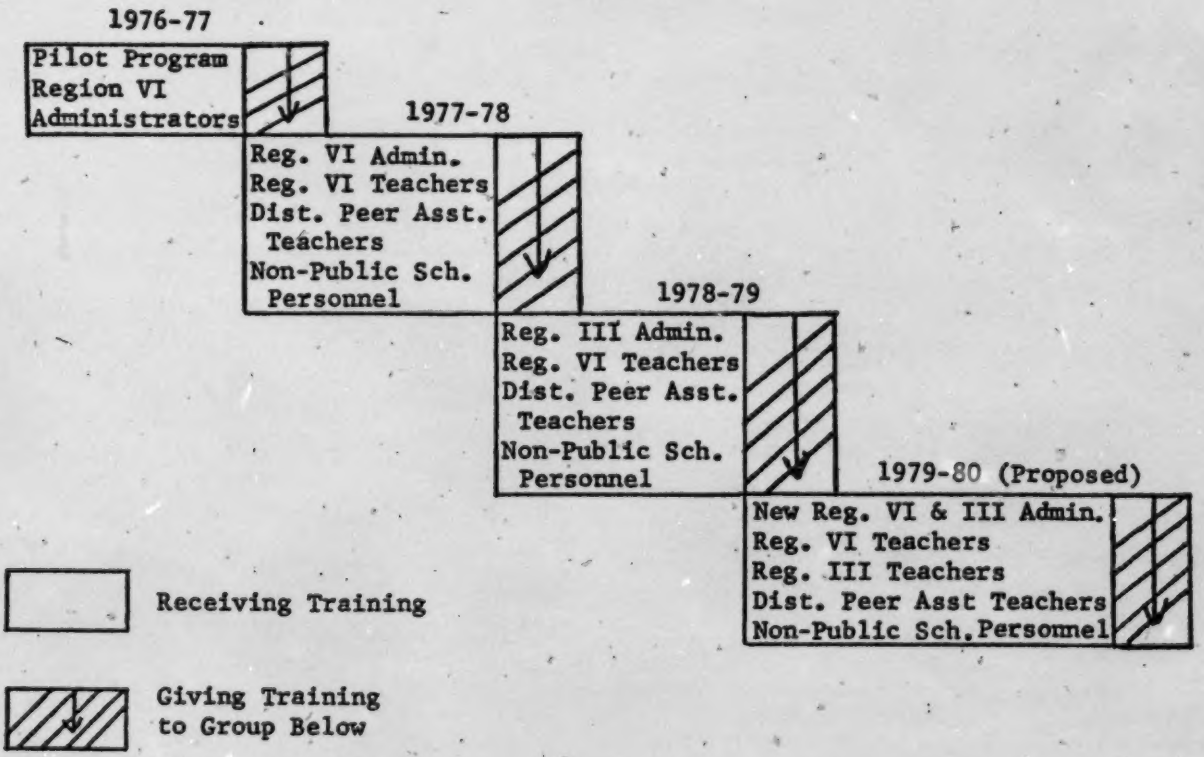
The items discussed are those most relevant to this project: learner involvement, nature of institutional variables, personnel, and personnel training.

RESULTS AND DISCUSSION

Enrollment Representation - The Improving Instruction Through Supervision project features a broad involvement of regional staff including teachers, administrators, and peer assistance teachers. A cadre of administrators who started their training during the pilot project of the 1976-77 school year began the pattern of trainees becoming trainers. (See Table I)

TABLE I

Pattern of Training for the Improving Instruction Through Supervision Project



Reaching toward the goal of having 1/3 of each school staff in Regions VI and III trained in the clinical supervision model, a total of 511 staff members have completed the course during the first two full years of project operation. A total of 363 teachers have been trained with 300 more projected for 1979-80. (See Table II)

TABLE II

Training of Teacher Participants
in the Supervision Project

	1977-78	1978-79	1979-80 Projected	Total
Region VI				
Classroom	146	150	86	
Peer Asst. Teachers	4	2	4	
Sub-total	150	152	90	392
Region III				
Classroom			180	
Peer Asst. Teachers	6	7	6	
Sub-total	6	7	186	199
Non-Public	4	5	4	13
Other				
Peer Asst. Teachers	20	19	20	59
Total	180	183	300	663

A total of 152 administrators have been trained. (See Table III)

TABLE III

Training of Administrator Participants
in the Supervision Project

	Pilot Project 1976-77	1977-78	1978-79	1979-80 Projected	Total
Region VI	(68) all continued →	68	**1	Any new Administrators	69
Region III			74		74
Non-Public	(4) 2 continued →	2	**1		3
Others			4		4
Total	*(72)	70	80		150

* 70 of the 72 began in 1976-77 and continued in 1977-78

** replacement

Objective A - Demonstration of Skills in Clinical Supervision - Teachers and administrators who were enrolled in the courses during the 1977-78 school year were to demonstrate the skills involved in the clinical model. This objective was measured in three ways: (1) Through an analysis of the results of an internal instrument, "Report of Clinical Supervision Model" submitted by participants from Region VII; (2) through a review of a sampling of reports of clinical supervision models from participants in Region VI; and (3) through analysis of a survey requesting self-reporting information from Peer Assistance Teachers throughout the District.

Report of Clinical Supervision Practice - Letters and forms were distributed to teachers who had completed the training program during the 1977-78 school year, requesting a monthly report of practice of three parts of the model during February, March, and April, 1979. (See Appendix B). Forms were completed and returned by teachers in 16 schools, representing 64% of the schools located in Region VI. The distrubution by school level may be seen in Table IV.

TABLE IV

School Level Distribution of Returns of Forms from Region VI on Clinical Supervision Practice

	Elementary		Junior High		Senior High	
	Number	Percent	Number	Percent	Number	Percent
Reporting	12	70%	3	50%	1	50%
Not Reporting	5	30%	3	50%	1	50%
Totals	17	100%	6	100%	2	100%

As may be seen from the distrubution table at least 50% of the schools at each level were represented in the returns.

The forms were received from 34 teachers at the 16 schools reporting on 169 experiences of conferencing and observing. Ten teachers at seven schools reported no action during the sampling period. (See Table V.)

TABLE V

Practice of Clinical Supervisory Conferencing and Observing as Reported by Teachers in Region VI Who Were Trained During 1977-78

School	Number of Teachers Reporting	Held a Pre-Observation Conference	Observed	Held a Post-Observation Conference	No Action Reported	No Forms Returned
1	1	2	2	2		
2	2	3	3	2		
3						X
4	5	6	6	6		
5						X
6	3				3	
7						X
8						X
9	1				1	
10	1	2	2	2		
11						X
12	1				1	
13					1	X
14						X
15	1				1	
16						X
17	1				1	
18	3	3	3	3		
19	2	1	1	1	1	
20	5	18	12	17		
21						X
22	3	6	6	6	1	
23	1	1	1	1		
24	2	15	15	15		
25	2	2	2	2		
Totals	34	59	53	57	10	9

Comments written by teachers who reported no action suggest that the techniques learned in clinical supervision are helping the teachers in their own classrooms even where there has been no opportunity to practice the skills with other teachers.

The report also requested information on the focus of the supervision. The descriptions generally fell into three categories: (1) Subject matter skills such as teaching math, word recognition, science and handwriting; (2) classroom and environmental management such as changing disruptive behavior and making bulletin boards functional; and (3) behavioral objectives such as objectives in centers and clarity in stating the objective of a lesson. Two items which did not fall into the three categories were: Interpeting and plotting test results; and developing better self image in students. Table VI shows the distribution of the topics by catergories of the clinical supervision focus reported by the teachers.

TABLE VI

Percents in Categories of Focus of Supervision Practiced by Teachers

Area of Focus	Number	Percent of Total
Subject Matter Skills	22	37%
Classroom and Environmental Management	26	44%
Behavioral Objectives	9	15%
Miscellaneous	2	4%
Total	59	100%

The data in the Focus table above show that the teachers are using their clinical supervisory skills in areas emphasized during their training. Session XIII of the course was entitled "Helping Teachers with Classroom Management" while session XVI was "Supervision in Specific subject Areas and CBC".

The reports of clinical Supervision practice show that teachers who received their training during the 1977-78 school year do use that knowledge in their own schools.

Use of the Clinical Supervision Model - The "Reports of Clinical Supervision Model" by project personnel in Region VI indicate that those staff members who took the course during the 1977-78 year are demonstrating the skills involved in the clinical model. Because the characteristics of each school setting are not uniform, the process of adapting the procedures of the model to individual schools has taken a variety of courses. These individual responses can provide an indication of the manner in which Clinical Supervision Skills were demonstrated.

One school introduced the model at a November faculty meeting. Through role playing with an emphasis on the non-threatening nature of clinical supervision, the procedures of the method were presented. It was reported that teachers who had been trained were the first to request help, with other teachers following. Another school formed a team of six trained teachers and CBC team members to work cooperatively with a trained teacher who served as team leader. This team developed, planned, and implemented strategies to evaluate trained teacher participants and cooperating teachers continuously as they practiced the model.

Areas in which the model was used include classroom management, teaching techniques, and discipline. One of the main concerns of participants was the time necessary to apply each phase of the model. One school indicated that the observation phase was especially restricted by the time available. Staff from another school felt that the pre-and post-conference phases were most affected by the lack of time. Strategies devised to deal with the time problem included the utilization of teacher planning periods, recess periods, and before and after school time blocks to implement the conference phases of the model. Advance scheduling also was used by one school to effect a more efficient use of time. (See Appendix C). A third method employed to reduce time consuming confusion about goals was the development of a system of documentation.

In addition to time as an important factor in the implementation of the Clinical Supervision Model, participants indicated that attitudes were of critical importance. One staff member reported that "The Attitudes of the administrative staff seem to be the most crucial factor in the success of the model in the individual school."

From the reports, attitudes toward the model are generally positive. Staff members list greater professional growth in the areas of leadership development, improved techniques of communication, and insight into ones own teaching methods as some of the benefits of Clinical Supervision. Teachers feel the model does improve instruction and that it promotes the sharing of ideas and materials. (See Appendix D)

Survey of Former Peer Assistance Teachers - During 1977-78 the first full year of the project, peer assistance teachers from the entire district were invited to join the Region VI teachers in the training. Questionnaires were sent to them this year to determine whether or not they were using the training they had received. (See Appendix E). Some of the 25 peer assistance teachers had returned to the classroom and some had gone into administration. Questionnaires were returned by 7 participants representing a 28% response. Of this group, 43% had used the model and they reported that they had practiced all of the clinical supervision steps. (See Table VII.)

TABLE VII

Use of the Clinical Supervision Model by Peer Assistance Teachers Enrolled in the Course During the 1977-78 year, Who Completed the Questionnaire

	Role playing	N=7 Real case	No opportunity
A. Pre-observation conference	-	43%	57%
B. Observation	-	43%	57%
C. Analysis and strategy	-	43%	57%
D. Post-observation conference	-	43%	57%
E. Post-conference analysis	-	43%	57%

Comments accompanying the returns described the former peer assistants' usage and effectiveness of the model. (See Appendix F).

The small sample of returns impairs generalizability. However, where there are reports, the indication in that the model is working.

Objective B- Demonstration of Knowledge of Clinical Supervision - Teachers and administrators who were enrolled in the courses this year were to be able to demonstrate knowledge of the concepts and strategies of the clinical supervision model. This objective was measured in four ways: (1) through a pre-post assessment of concepts and strategies in school supervision; (2) through a survey requesting self-reporting information; (3) through a review of a sampling of final course reports, including tapes, and (4) through a check of credits earned.

Pre-Post Assessment Instrument - One of the internal evaluation measures was a 10-item pre-post course assessment of knowledge of concepts and strategies in school supervision. (See Appendix G). On the pre-test of October, 1978 there were 155 respondents with a total of 965 correct responses out of a possible 1,550. On the post-test of April, 1976 there were 147 respondents with a total of 1,080 correct responses out of a possible 1,470. Correct answers on the pre-test represented 62% of the total responses. This amount increased to 73% on the post-test. Pre and post percentages correct on individual items are shown in Table VIII.

TABLE VIII

Number and Percent of Correct Responses to Individual Items on the Pre- and Post- Assessment of Knowledge of Concepts and Strategies in School Supervision

	Pre-Test			Post-test		
Item Number	Total Respondents	Number With Item Correct	Percent With Item Correct	Total Respondents	Number With Item Correct	Percent With Item Correct
1	155	56	36%	147	92	63%
2	155	143	92%	147	143	97%
3	155	146	94%	147	122	83%
4	155	49	32%	147	72	49%
5	155	55	35%	147	90	61%
6	155	124	80%	147	130	88%
7	155	37	24%	147	48	33%
8	155	144	93%	147	127	86%
9	155	115	74%	147	120	82%
10	155	144	93%	147	136	93%

The one group pre-test/post-test design is open to criticism because there are so many variables that can confound internal validity. However, in an educational setting it is frequently the only possible research design. These results, therefore, must be looked at with caution.

As may be seen from Table V, increases were seen in all of the items except those on which participants topped out on the pre-test: items 3, 8, and 10. Regression could account for the decrease on those items. It was not possible to do a test of significance since the samples taking the pre-test and post-test could not be matched. However, with the overall increase of 11%, and with items such as 5 and 1 increasing by 26%, the results look good. Item 5 refers to the amount and quality of talk by supervisors while item 1 refers to the administrator/supervisor role.

Survey on Opportunity to Practice Concepts - Questionnaires were distributed to Teachers, Peer Assistance Teachers and Administrators enrolled in the Clinical Supervision Courses during this present school year 1978-79. Participants were asked to check the clinical supervision activities they had practiced this year, either in role playing or with a real case. (See Appendix H).

The rate of return on the questionnaire was 80%, a total of 211 respondents. Table IX shows whether the participants had reported practicing the model in a role playing situation, in an actual case, or both.

TABLE IX

Use of the Clinical Supervision Model by Classroom Teachers, Peer Assistance Teachers and Administrators Enrolled in the Course During the 1978-79 Years

	Both Role Playing and Real Case	Role Playing Only	Real Case Only	No Opportunity
A. Pre-observation conference	23%	4%	69%	3%
B. Observation	14%	2%	82%	2%
C. Analysis and strategy	15%	3%	76%	6%
D. Post-observation conference	14%	4%	77%	5%
E. Post-conference analysis	12%	4%	71%	13%

There were 131 questionnaires returned from classroom teachers, representing 85% of those enrolled. As may be seen from Table X, teachers reported high participation in the activities.

Table X

Use of the Clinical Supervision Model by Classroom Teachers Enrolled in the Course During the 1978-79 Year

	Both Role Playing and Real Case	Role Playing Only	Real Case Only	No Opportunity
A. Pre-observation conference	28%	4%	68%	-
B. Observation	14%	2%	84%	-
C. Analysis and strategy	13%	3%	80%	4%
D. Post-observation conference	14%	5%	81%	1%
E. Post-conference analysis	12%	5%	79%	3%

From the peer assistance teachers 27 of the 28 enrolled filled out the questionnaires, a 96% return. As may be seen from Table XI, high participation was reported.

TABLE XI

Use of the Clinical Supervision Model by Peer Assistance Teachers Enrolled in the Course During the 1978-79 Year

	Both Role Playing and Real Case	Role Playing Only	Real Case Only	No Opportunity
A. Pre-observation conference	37%	-	63%	-
B. Observation	30%	-	70%	-
C. Analysis and strategy	30%	-	70%	-
D. Post-observation conference	26%	-	74%	-
E. Post-conference analysis	26%	-	67%	7%

Administrators were represented by a 66% return (80 questionnaires) Although administrators also reported high participation rates, their patterns were different from the teachers (See Table XII).

TBALE XII

Use of the Clinical Supervision Model by Administrators Enrolled in the Course During the 1978-79 School Year

	Both Role Playing and Real Case	Role Playing Only	Real Case Only	No Opportunity
A. Pre-observation conference	4%	8%	75%	13%
B. Observation	6%	4%	81%	9%
C. Analysis and strategy	13%	6%	68%	13%
D. Post-observation conference	8%	6%	70%	17%
E. Post-conference analysis	4%	4%	53%	40%

The principal difference between the reported use of the model of administrators and of teachers was in the post-conference analysis stage. Whereas teachers reported little difference between areas in which they had no opportunity to practice, 40% of the administrators reported no opportunity to practice the post-conference analysis.*

Final Reports - A sampling of written reports submitted at the end of the course was analyzed to determine the congruence between steps of the model as stated by the participants and as described by the participants.

In each of the 19 reports, the participants generally followed the five step model. In some cases, the participant stated that he or she had preformed a step, but the observed description was inconsistent with the statement. (See Table XIII). A test for the significance of a proportion showed that only in the post-conference analysis stage was there a significant difference between the stated stage and the description.

TABLE XIII

Congruence Between 19 Teachers' Reports of Stages as Stated and as Described

	Stage Stated	Stage Accurately Described	Difference Significant at .05 Level
Pre-observation conference	19	17	No
Observation	19	19	No
Analysis and Strategy	18	17	No
Post-observation conference	19	19	No
Post-conference analysis	16	10	Yes

$Z = -3.88$

One audio-tape that had been submitted as a final report was analyzed similarly to the written reports. The tape described the first four steps of the model, but omitted the post-conference analysis.

The post-conference analysis stage of which teachers' descriptions were least accurately described, is the same stage which administrators reported the least opportunity to practice.

Credit Earned - There were 6 "incompletes" out of grades for 186 teachers taking the class for credit. The 180 earning passing grades represent 97% of those enrolled for credit.

* Additional data regarding perceptions of Region III administrators relative to Clinical Supervision, were submitted too late for further analysis here but are included in the report in Appendix M.

Each one of the four ways of measuring Objective B shows that participants did demonstrate a knowledge of clinical supervision. The one area which appeared somewhat weaker than the others, was the last step, the post- conference analysis.

Attitude Toward Supervision - Objective C stated that participants would demonstrate a more positive attitude toward supervision. Participants were requested to complete a final evaluation of the teacher component for each instructional section as part of the internal evaluation. On the questionnaire they were asked if their attitude about supervision had changed and to explain responses.

Attitude Change Reported - Of 144 participants 130 (90%) reported a change in attitude, with changes reported by those in separate instructional sections ranging from 85% to 96%. See Table XIV.

TABLE XIV

Change in Attitude Reported by Participants in the Six Sections

	Change		No Change	
Section	Number	Percent	Number	Percent
I	20	95%	1	5%
II	22	96%	1	4%
III	22	92%	2	8%
IV	21	88%	3	13%
V	23	85%	4	15%
VI	22	88%	3	12%
Total	130	90%	14	10%

Types of Attutude Change Reported - Out of 94 comments concerning changes in attitude, 88 (94%) were positive. Comments generally fell into five categories. (See Table XV.) Examples of each category are as follows:

1. Change in the image of a supervisor - "Supervisor now seen as one who helps improve teaching rather than critically evaluating teachers." "I would welcome a supervisor now - I always hated them before taking this course."

2. Change in the view of what supervision is - "The idea of supervision as support, sharing, and improving is very good." "This process is to be non-threatening; I'm happy to have learned this. Also non-judgemental."

3. Change in the roles of the supervisor and the teacher - "Supervision is shared - teacher and supervisor." "Presently I feel that it is a two-way street rather than one-sided."

4. Change in feelings about techniques and outcomes - "I am better aware of what to observe and how to observe it." "Supervision is an asset; it will help the teacher to be more effective."

5. Negative - "I still have a distrust of the 'good will' of some people put in this position, whether it be peer teacher, supervisor or administrator." "There are too many restraining factors; especially time for observation during the day; the need for subject area advisors is still overpowering."

TABLE XV

Summary of Teachers' Comments Concerning Change in Attitude Toward Supervision

Category	Number of Comments	Percent of Total
1. Change in the image of a supervisor	30	32%
2. Change in the view of what supervision is	20	21%
3. Change in the idea of roles of the supervisor and the teacher	21	22%
4. Change in feelings about techniques and outcomes	17	18%
5. Negative comments	6	6%
Total	94	99%

The two sections of the questionnaires, check lists and comments, indicate that teachers consider their attitudes toward supervision as having changed and in a positive way.

Instructional Materials - Evaluation of Objective D which is concerned with refinement of instructional materials, was based on three sources; (1) a review of model action plans for incorporating clinical supervision into a school program, submitted by groups of teachers and peer assistance teachers who were enrolled in the course; (2) feedback from class instructors on an internal evaluation instrument "Instructional Staff Evaluation" (See Appendix I); and (3) information from participants on the internal evaluation instrument, "Final Evaluation of Teacher Component" (See Appendix J).

Action Plans

Course participants worked in small groups to develop action plans for implementing the Clinical Supervision Model at the building level. (See Appendix K for example). Although the plans were written about fictional schools, they demonstrated the teachers' awareness of the applicability of the program in a variety of situations. Table XVI shows the distribution of educational levels covered in the reports. These were shared with fellow participants and team leaders during the last session of the course.

TABLE XVI

Grade Level Distribution of Action Plans For Implementing a Clinical Supervision Program Submitted by Participants

	Number of Plans	Percent of Total
Pre K-8	2	10%
Elementary	8	40%
Middle	1	5%
Jr. High	4	20%
Sr. High	1	5%
Secondary	2	10%
Complex	2	10%
Total	20	100%

The distribution provides a good representation of schools illustrating use of the model at all levels.

Reports included the following areas: School description; philosophy; goal; performance objectives, process objectives, driving forces, restraining forces, critical tasks including responsible persons and completion dates; monitoring process; and evaluation.

A review of all of the reports verify inclusion of these areas. The reports served two purposes: (1) Participants who wish to implement the program in their schools have been able to think through the process and present it in a meaningful way; and (2) course instructors can use the input from the reports in refining instructional tools and techniques.

Instructional Staff Evaluation - Twelve questionnaire returns were received from the instructional staff's team leaders and team members with information on program format, content, and operation. According to the results, 85% of responses were in the good or very good range, with only 1% checked as being below average. Satisfaction ranged from the lowest on "textbook" to highest on "instructional team" (See Table XVII).

TABLE XVII

Staff Evaluation of Program Format, Content, and Operation

	Ratings										
	Very Good		Good		Average		Fair		Poor		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Instructional Manual	3	27%	3	27%	5	45%	0	-	0	-	11
Format of Sessions	4	33%	8	67%	0	-	0	-	0	-	12
Instructional Team	9	75%	3	25%	0	-	0	-	0	-	12
Textbook	2	17%	2	17%	7	58%	1	8%	0	-	12
Handouts	8	67%	4	33%	0	-	0	-	0	-	12
Reference Materials	4	33%	6	50%	2	17%	0	-	0	-	12
Course Requirements	5	45%	4	36%	2	18%	0	-	0	-	11
Class Time	6	50%	6	50%	0	-	0	-	0	-	12
Physical Arrangements	5	45%	6	55%	0	-	0	-	0	-	11
Support	7	58%	5	42%	0	-	0	-	0	-	12
Totals	53	45%	47	40%	16	14%	1	1%	0	-	117

In addition to the checklist ratings, instructors were asked for comments and recommendations. Comments concerned timing, ("The course should parallel the university calendar in order that teachers would be able to take additional courses second semester"), personnel ("Resource persons - excellent. Continue, keep them. Very Effective;" "Continue the use of assistant instructors - adds tremendous resource to the teaching situation") and activities, ("Visuals of clinical supervision model being used made available early in the course.")

Teacher Evaluation - Questionnaires with information on program format, content, and materials were returned by 165 teachers who were enrolled in the six instructional sections. According to the responses, 88% considered the items to represent good or very good format, content, or materials, while 3% rated them below average. Although there was some variation from class to class, in the group as a whole, satisfaction ranged from lowest on "textbook" to highest on "handouts." (See Table XVIII).

TABLE XVIII

Teacher Participant Evaluation of Program Format, Content, and Materials

	Ratings										
	Very Good		Good		Average		Fair		Poor		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Course Organization	90	58%	52	34%	11	7%	1	1%	0	-	154
Quality of Content	100	64%	43	28%	10	6%	3	2%	0	-	156
Practicality of Content	69	46%	66	44%	12	8%	3	2%	1	1%	151
Use of Class Time	75	50%	55	36%	15	10%	5	3%	1	1%	151
Variety of Instructional Methods	89	59%	49	32%	11	7%	2	1%	0	-	151
Provision for Individual Participation	100	65%	40	26%	12	8%	2	1%	0	-	154
Handouts	115	75%	33	22%	4	3%	1	1%	0	-	153
Textbooks	53	35%	48	32%	28	18%	17	11%	6	4%	152
Totals	691	57%	386	32%	103	8%	34	3%	8	1%	1,222

Although most of the items on the instructor questionnaire differ from those on the teacher check-list, it is interesting that a rank ordering of very good ratings on both lists places "textbook" at the bottom and "handouts" at or near the top, an indication of concurrent validity for those ratings.

Teacher participants, were also asked for recommendations and comments. Samples from one section are included verbatim in Appendix L. Recommendations and comments from all sections were grouped and summarized in Tables XIX and XX.

TABLE XIX

Summary of Teachers' Recommendations Concerning the Course

	Number of Comments	Percent of Total
Materials	14	19%
Time	28	38%
Instruction	32	43%

Recommendation about materials were mainly concerning the textbook. Examples: "We could use a textbook that is easier to follow" "Another text-book, if possible."

Recommendations about time centered around the length of the course as follows: "The last session should not be held months later from the last class. The class should end in one semester and not hang on." "Length of course should defintely be shortened to correspond with semesters of college where credit is received."

Recommendations concerning instruction emphasized more demonstrations and concrete examples. "More opportunity to observe pre- and post- conference - maybe on videotape or more role playing." "Provide more model lessons from the D. C. Schools.

Comments generally fell into four categories, three positive (concerning self improvement, quality of class, quality of instructor) and one negative. (See Table XX)

TABLE XX

Summary of Teachers' Comments
Concerning the Course

Category	Number of Comments	Percent of Total
Self-Improvement	17	30%
Quality of Class	20	35%
Quality of Instructor	13	23%
Negative	7	12%

Comments concerning self-improvement were such as "The course was very beneficial to me not only as an observer but it improved my instruction," and "The experience of this class was most helpful to me in terms of how to be objective and human in many approaches to supervision."

The largest percentage of comments concerned the quality of the class. Examples are: "The quality of content was very good," "This was a well organized course and I learned a lot and enjoyed every minute."

Instructors were generally given high ratings as in, "I feel the leadership was superb," and "Instructors were thorough, well, versed and personable."

The negative comments were scattered and varied, not fitting any one category. Examples are: "Principals should be more sensitive to the needs and operation of the program" and "Most of the handouts and class discussions were extremely wordy and verbose."

Refinement of Instructional Materials - Based on the input from course instructors and course participants, there will be some revision of the course for the 1979-80 year. The syllabus will be revised to reflect the stated needs. There will be 15 sessions confined to one semester followed up by practicum experiences monitored by the regional office. Practicum experiences will also occur concurrent with classroom sessions.

It was determined that the first eight sessions which are most crucial in presenting the background, the model, and accompanying activities needed to be expanded. That section will now be taught during the first 12 sessions. Group supervision will be covered in session 13, while 14 will be devoted to working on a plan for using the model at the building level. Final evaluation will be conducted during session 15.

There will be a refined format for the manual. Whereas formerly it was written in descriptive language, it will now follow the CBC model. Completion of the refinement of the instructional materials represents fulfillment of Objective D.

Exportability - In their manual, SHARING EDUCATIONAL SUCCESS, A Handbook for Validation of Educational Practices, by the Office of Education (1976), a validated practice is exportable if, "(1) it is feasible to transport it to other school districts and (2) it can be adopted or adapted by other school districts with similar needs and environments," (p. 46). In addition to the success/effectiveness of the project, exportability is judged on the basis of the following 13 criteria.

1. Learner Needs
2. Continuation of Learner Elements with State or Local Funds
3. Willingness to serve as a Demonstration Site if Funded for Dissemination
4. Target Population
5. Learner Involvement
6. Institutional Variables
7. Community and Home Variables
8. Activities Critical to Success
9. Essential Materials (Software)
10. (Essential) Equipment (Hardware) or Unique Facilities
11. Personnel
12. Personnel Training
13. Special Problems

The items that were considered most important for this project were: learner involvement, institutional variables, personnel, and personnel training.

Learner Involvement

Participation in the Improving Instruction Through Supervision project requires a time commitment for training sessions and actual practice. Sufficient time must be allocated for learning the principles and techniques of the clinical supervision method and for implementation of those techniques in actual school settings. Because the training and practice are ongoing, time provisions that may be considered equivalent to a long term inservice program would be necessary. In order for an adopter to obtain results similar to those of the Improving Instruction Through Supervision project the extent to which learners are involved is a criterion that should be closely examined.

Institutional Variables

The cooperation of the school administration has been essential to the success of the Improving Instruction Through Supervision project. Because the project was designed to impact at multiple levels and sites in the school district, the project required the coordination of schedules, personnel, and resources that only the school administration could provide. Such comprehensive planning could be accomplished only with the complete cooperation and involvement of the district administration. Since the idea for the project was generated at the administrative level with the input of administrators at the highest levels, potential adopters may give consideration to such an arrangement to insure district-wide involvement and cooperation.

Personnel and Personnel Training

Improving Instruction Through Supervision is staffed by teachers and administrators who have been trained in the clinical supervision model. Requirements for any given school district will vary but since the program is intended to have a system wide influence/effect a core of trainers sufficient to cover the whole district should be available. Also personnel must demonstrate proficiency in the use of videotape/role play methods in order to present the model adequately. Improving Instruction Through Supervision received continuous imput, direction, and instructional services from a university professor with clinical supervision background and credentials. Prospective adopters would need similar personnel characteristics in order to maximize the possibilities for project success.

Findings

Observations, surveys, questionnaires, and reports have shown that objectives are being met to a satisfactory degree and that on a longitudinal scale, a successful program is projected.

Enrollment Representation - A total of 511 staff members have been trained during the first two full years of project operation. This includes 363 teachers and 150 administrators from public and non-public schools. Most of the staff members are from Regions VI and III.

Objective A - Teachers who were trained during the 1978-79 school year use their knowledge in their own schools. The focus of supervision practiced by teachers generally falls into three categories: Subject matter skills; classroom and environmental management; and behavioral objectives.

Objective B - Teachers who were trained during the 1978-79 school year demonstrate knowledge of the concepts and strategies of the clinical supervision model. On a pre-post course assessment, correct answers increased from 62% to 73%. On a questionnaire requesting information on role-playing or real case practice, practice was reported by at least 96% of the teachers and at least 93% of the peer assistant teachers on all five steps of the models. Administrators' reports of practice ranged from 91% on observation to 60% on post-conference analysis. Written final reports by teachers showed that in general, participants followed the five step model with some inconsistency between the post-conference analysis stage as reported and as described. Course credit was earned by 97% of those enrolled for credit.

Objective C - A positive change in attitude toward supervision was reported by 94% of the participants. Teacher comments also indicated a positive attitude change.

Objective D - Refinement of instructional materials was made. Changes were based on input from three sources: model action plans; classroom instructor input; and participant input. Recommendations from instructors and from participants emphasized changing timing of the course, improving the textbook, and having more demonstrations with concrete examples. Comments were generally positive (88%).

CONCLUSIONS

1. Teachers and administrators can be trained to provide clinical supervision to fellow teachers as an alternative to but not necessarily a replacement for traditional supervision.

2. The clinical supervision model is especially useful in helping teachers to improve their teaching of subject matter skills, their use of CBC and behavioral objectives, and their classroom and environmental management techniques.

3. Teachers who are trained in the clinical supervision model are able to apply their learning to their own classroom needs.

4. Teachers and administrators who receive clinical supervision training develop a more positive attitude toward supervision.

EVALUATION RECOMMENDATIONS

1. Notify 1978-79 participants early in the year that Report of Practice of Clinical Supervision Model forms will be requested periodically.

2. Prepare pre-post attitude instrument for students of teachers enrolled in the course.

3. Determine the importance of the analysis and strategy stage and the post-confernece analysis so that data concerning their use can be either added to the internal assessment instrument or removed from the external assessment questionnaire.

APPENDIX A

Course Outline for
IMPROVING INSTRUCTION THROUGH SUPERVISION

REGION VI
TITLE IV PART C

EDUCATION 523F: Concepts and Strategies in School Supervision

COURSE OUTLINE

FIRST SEMESTER

SESSION I

ORIENTATION AND REGISTRATION
- o Background of the project and overview of the course
- & Registration

SESSION II

OVERVIEW OF SUPERVISION AND INSTRUCTIONAL DEVELOPMENT
- o Current practices in supervision
- o Separating administration and supervision
- o Competencies and Skills of Supervision

AWARENESS EXERCISE
ADMINISTRATION OF PRE-COURSE ASSESSMENT

READING
Peter Oliva, Supervision for Today's Schools, Part 1 The Role of the Supervisor, pp. 1-50.

SESSION III

ALTERNATIVE MODELS OF SUPERVISION
- o How does the supervisor
  - Choose his strategy
  - Assess teacher readiness
  - Develop a philosophy of supervision
- o Identifying our assumptions about "good" teaching
- o Separating evaluation from supervision to give teaching room to grow

SESSION IV

CLINICAL SUPERVISION
- o Background and overview of the model
- o Description of the stages of the model
- o Rationale for the time commitment
- o Developing the interpersonal communication skill essential to the clinical supervision model
- o Initial critique of the model

READING
Mosher and Purpel, Supervision: The Reluctant Profession Chap. 5, 6, and 7.

SESSION V

THE PRE-OBSERVATION CONFERENCE
- o Initiating a supportive relationship
- o Clarifying objectives and expectations
- o Role playing, some ways to get started, problems and goals

COURSE OUTLINE
(Continued)

- o Brainstorming teacher expectations about supervision
- o Establishing rapport in the pre-observation conference
- o Practicing the pre-observation conference in groups

SESSION VI — OBSERVATION OF CLASSROOM INSTRUCTION

- o What do you look for
- o Ways to record data, instruments vs. notes
- o Comparing notes on what was observed
- o Handling problems encountered in observation
- o Improving the process

SESSION VII — ANALYSIS OF PATTERNS OF TEACHING

- o Using the pre-observation conference to guide analysis of observation data
- o Selecting issues to be discussed
- o Looking for patterns in the teacher's behavior
- o Preparing for the conference
- o Brainstorming common patterns in teaching behavior such as "multiple questioning"
- o Reviewing prepared information sheet illustrating analysis of teaching

SESSION VIII — SUPERVISORY CONFERENCES

- o Timing and conditions of the conference
- o Setting tone and pace of the conference
- o Using conferencing skills
- o Role playing and practicing supervisory conference
- o Critiquing practice, giving feedback to each other
- o Brainstorming how supervisor's personality can help or hurt in the conference
- o Planning for the follow-up to the conference

THANKSGIVING BREAK

SESSION IX — BUILDING A PROGRAM OF TEACHER DEVELOPMENT

- o Developing a peer assistance program
- o Building supportive group relationships
- o Utilizing the region's resources
- o Providing leadership within your school

READING

Oliva, Part 4 Leadership in Teacher Development, pp. 315-412

COURSE OUTLINE
(Continued)

SESSION X

ALTERNATIVE CLASSROOM TEACHING STRATEGIES
- o Individualizing instruction
- o Developing learning centers
- o Employing management strategies for independent learners
- o The supervisor's role in introducing new strategies
- o Helping teachers try new ideas
- o Applications to the secondary classroom

READING
Oliva, Part 2 Leadership in the Improvement of Instruction, pp. 51-184

SESSION XI

ALTERNATIVE CLASSROOM TEACHING STRATEGIES
Shifting responsibility for learning from the teacher to the student
- o Utilizing inquiry and discovery in the classroom
- o Inductive teaching
- o Helping teachers re-evaluate their role

SESSION XII

ALTERNATIVE CLASSROOM TEACHING STRATEGIES
- o Strengthening group relations
- o Promoting discussions, building oral skills
- o Promoting student teacher interaction

SESSION XIII

HELPING TEACHERS WITH CLASSROOM MANAGEMENT
- o Focusing on the environment (especially secondary)
- o Handling special problems
- o Promoting internal discipline
- o Brainstorming problems and solutions appropriate to elementary and/or secondary levels

READING
Oliva, Chapter 6 Helping Teachers with Classroom Management, pp. 185-224

SESSION XIV

SUPERVISION IN SPECIFIC SUBJECT AREAS AND CBC
- o Diagnosing subject area skills, assessment tasks
- o CBC, helping teachers develop materials

READING
Oliva, Part 3, Leadership in Curriculum Development, pp. 225-314

SESSION XV

WHERE DO WO GO FROM HERE?
- o Planning the laboratory phase of the course
- o Helping teachers decide with whom to work
- o Making available taping resources
- o Scheduling small group follow-up sessions
- o Administering assessment instrument

COURSE OUTLINE
(Continued)

SECOND SEMESTER

Laboratory Sessions: During this phase of the course the participants will return to their schools to practice clinical supervision with two of their peers. They will meet in small groups with a leader to discuss the potential and problems involved in peer supervision as well as the phases of clinical supervision. Hopefully, some videotapes can be made during this phase.

REQUIRED READINGS: Mosher and Purpel, Supervision: The Reluctant Profession. Chaps. 5, 6, and 7. (This book can be borrowed from any Region VI administrator.)

Peter F. Oliva, Supervision for Today's Schools

SESSION XVI

CULMINATING ACTIVIES
- o Reporting laboratory experiences
- o Sharing building plans

APPENDIX B

Report of Clinical Supervision
Practice by 1977-78 Participants

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA
REGION VI

TITLE IV PART C PROJECT: IMPROVING INSTRUCTION THROUGH SUPERVISION
1978-1979

REPORT OF PRACTICE OF CLINICAL SUPERVISION MODEL

DIRECTIONS: Complete the following information for each practice of the clinical supervision model during one month. Refer to teachers involved by number only - not by name. Separate reports are to be submitted for February, March, and April, 1979.

TEACHER	DATE Pre-Observation Conference	DATE Observation	DATE Post-Observation Conference	FOCUS
# 1				
# 2				
# 3				
# 4				

NAME _____ SCHOOL _____

Return report to:
Region VI Educational Center
Bunker Hill School
c/o Minnie Fitzhugh
Route #3

1/79

APPENDIX C

An Example of Scheduling to Effect a More Efficient Use of Time

CUNO H. RUDOLPH ELEMENTARY SCHOOL

SCHEDULE - Peer Clinical Supervision Practicum

PEER ASS'T TEACHER	TEACHER VOLUNTEER PARTICIPANT	GRADE	PRE-CONFERENCES	OBSERVATION	POST CONFERENCES	ANALYSIS
		3	1/11/79 1:15-1:45	1/16/79 8:00 A. M.	1/17/79 8:00-8:45	1/17/79
		Music (V) TMR Class	12/14/78 12:00	1/4/79 1:15-1:45	1/4/79 2:05-2:40	1/4/79
		4/5	1/15/79 8:00-9:00	1/16/79	1/17/79 8:00-8:50	1/17/79
		2	1/15/79 9:15 A. M.	1/17/79 9:30 A. M.	1/17/79 3:00 P. M.	1/17/79
		3	1/19/79 12:00 noon	2/12/79 10:45A. M.	2/13/79 8:00 A. M.	2/13/79
		Art	12/8/78 8:30 A.M.	12/12/78 9:15 A. M.	12/12/78 3:30 P. M.	12/12/78
		Kgn	2/1/79 8:00 A. M.	2/2/79 9:30 A. M.	2/2/79 3:15 P. M.	2/2/79
		Kgn	1/3/79 8:15 A. M.	1/4/79 2:00 P. M.	1/5/79 3:15 P. M.	1/5/79
		(V) Music	1/10/79 3:15 P.M.	1/12/79 10:15 A. M.	1/18/79 3:00 P. M.	1/18/79 1/18/79
		Kgn	4/10/79 12:00 noon	4/17/79 9:15 A. M.	4/20/79 3:00 P. M.	4/20/79
		3	2/25/79 8:00-8:35	3/1/79 10:00-10:30	3/5/79 8:00 A. M.	3/5/79
		Libr.	1/25/79 10:00-10:30	2/8/79 10:00-10:30	2/8/79 12:00 noon	2/8/79

Appendix D

Comments From Staff Members
Trained in 1977-78 Who are Presently
Using the Clinical Supervision Model

Appendix

Comments From Staff Members Trained in 1977-78 Who Are Presently Using The Clinical Supervision Model

- The clinical supervision model places emphasis on self-evaluation, while providing as much peer evaluation and help, as the volunteer teacher participant is willing to accept.

- It encourages critical thinking.

- This method facilitates teacher growth and self supervision. All teachers should be trained in methods for working with and helping others in a professional manner.

- Clinical supervision allows teachers to share ideas and develop new methods for instruction.

- Clinical supervision that is implemented by our administrators, made me secure in participating in the program.

- The innovative and cooperative administration provided a great incentive for teachers involved in the program to strive for effectiveness.

- The humanistic approach by administrators and teachers was excellent.

Appendix E

Questionnaire for Peer Assistance Teachers Trained in 1977-78

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA

Title IV C Evaluation Team
IMPROVING INSTRUCTION THROUGH SUPERVISION

I. Please check those clinical supervision activities you have practiced this year:

	Role playing	Real case	No opportunity
A. Pre-observation conference			
B. Observation			
C. Analysis and strategy			
D. Post-observation conference			
E. Post-conference analysis			

II. If you have applied the concept of clinical supervision with another teacher this year, briefly describe one example.

Appendix F

Written Comments by 1977-78 Peer Assistance Teachers Concerning Application of Their Clinical Supervision Training

- I have not had the opportunity to practice the clinical model with other teacher this year. I have been asked by my principal to let some teachers come to my room to view and examine my bulletin board centers.

- I feel it is unfortunate that peers were able to take a valuable course, but have not been able to apply its content upon returning to the classroom.

- I have been able to use the concept of clinical supervision with my students at Howard University in the science methods class which I teach only. Each step was used as a result of the student teacher's microlesson in science.

- The concept has been applied on numerous occasions this year in my new role of assistant principal.

- I found the process very effective in working with teachers implementing TAP.

- The results have been most rewarding and effective toward humanizing the supervisory process.

- The supervision activities checked above were used with a fourth grade teacher. I received a request for Instructional Assistance from the principal and teacher in question, in the following areas. (Teaching Techniques, Classroom Management, Lesson Plans,) In following the clinical supervision activities I will list a few suggested resolutions.
    1. Informal Conferences.
    2. Observation and follow up conference.
    3. Inservice training as teacher planning time permitted.
    4. PRT/PMT test scores- Planning- objectives, skills, groups.
    5. Individualized the instructional program.
    6. Weekly visit to help furthur the teacher's confidence.

(and more)

Appendix G

Pre-Post Course Assessment

CONCEPTS AND STRATEGIES IN SCHOOL SUPERVISION

Pre-Post Course Assessment

Part I.

Directions: Read each item and decide which choice best completes the statement. Circle the letter of the answer.

1. The administrator who also serves as a supervisor at the school level

   a. can be an effective supervisor because (s)he has the authority to demand change
   b. has an advantage because (s)he can combine evaluation and supervision
   c. can effectively supervise while (s)he is in and out of classrooms for a few minutes every day
   d. often experiences role conflict and lack of credibility as a supervisor.

2. Research as well as practical experience with clinical supervision suggests the process

   a. is ineffective with outstanding teachers
   b. takes less time than traditional supervisory approaches
   c. leads to increased teacher dependence on the supervisor
   d. initiates a self-sustaining growth process.

3. The supervisor who uses a clinical model of supervision

   a. takes the primary responsibility for improving teacher performance
   b. shifts the responsibility for improvement to the teacher
   c. accepts a shared responsibility for improvement with the teacher
   d. leaves it up to the teacher to determine who is responsible for improving instruction.

4. The most important stage of clinical supervision is

   a. the analysis of the teaching episode
   b. the conference with the teacher after the lesson
   c. the classroom observation
   d. the pre-observation conference.

5. Studies of supervisory conferences show that most supervisors

   a. talk too much and give the teacher little opportunity to respond

5. Continued

   b. talk too little about the concerns of the teacher
   c. don't talk about real problems
   d. give too much advice about what the teacher should do.

6. In order to be effective, when a supervisor observes a teacher (s)he needs

   a. a clear concept of what (s)he expects of a good teacher
   b. an understanding of what the teacher is trying to accomplish in the lesson
   c. a guide sheet or observation instrument listing effective teaching practices
   d. a profile of student skill levels.

7. The supervisor who wishes to help a teacher develop new teaching strategies must

   a. assess the quality of the teacher's instructional program
   b. formulate appropriate instructional objectives
   c. determine the teacher's level of awareness of the teaching strategy
   d. assess the needs and interests of the learners with whom the teacher works.

8. The most successful supervisory programs

   a. focus on curriculum development and leave instruction to the teacher
   b. focus on classroom instruction but are not involved in curriculum development
   c. are comprehensive and deal with both curriculum development and classroom instruction
   d. focus primarily on teacher weakness, whether curricular or instructional.

9. The supervisor who chooses to work with a group of teachers will find that

   a. there is little that can be accomplished in a group setting
   b. instructional problems are best handled in a group setting
   c. teachers cannot work in groups without a strong supervisor to lead them.
   d. the interpersonal sensitivity that comes from working with other can carry over into the classroom.

10. In-service activities in a school can be successful only if

    a. provision is made for released time or additional pay
    b. they utilize strong consultant services
    c. they are based on a needs assessment of the school
    d. they bring new information to teachers.

Part II.

Directions: Below are brief descriptions of teachers and teaching situations. For each situation, provide at least three sentences suggesting a supervisory approach. You may indicate whether it is the principal, department chairman, team leader, or another teacher who is to work with the teacher.

1. A teacher with potential does just enough to "get by".

2. Teacher uses outmoded materials and ineffective teaching techniques. The teacher seems bored with teaching.

3. A very hardworking teacher comes to you for help with the new program and new grouping patterns introduced into the school. The teacher has been a "good" teacher in the past but seems very uncomfortable with the many changes being asked of her.

4. Teacher screams and yells at her children all day long. When she cannot tolerate them any longer, she puts them out of class and refers problems to the office regularly. She resists any suggestions about her responsibility for classroom control.

Appendix H

Clinical Supervision Activities Practiced This Year

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA

Title IV C Evaluation Team
IMPROVING INSTRUCTION THROUGH SUPERVISION

I. Present Position (please check one):

Teacher ___

Peer Assistance Teacher ___

Administrator ___

II. Please check those clinical supervision activities you have practiced this year:

	Role playing	Real Case	No Opportunity
A. Pre-observation conference			
B. Observation			
C. Analysis and strategy			
D. Post-observation conference			
E. Post-conference analysis			

5/79

Appendix I

Instructional Staff Evaluation Form

PUBLIC SCHOOLS DISTRICT OF COLUMBIA
REGION VI

ESEA Title IV C: Improving Instruction through Supervision
Education 523F; Concepts and Strategies of Supervision

INSTRUCTIONAL STAFF EVALUATION

I. Program Format, Content, and Operation.

Place a check in one of the boxes for each category:

		Very Good	Good	Average	Fair	Poor
A.	Instructional Manual	☐	☐	☐	☐	☐
B.	Format of Sessions	☐	☐	☐	☐	☐
C.	Instructional Team	☐	☐	☐	☐	☐
D.	Textbook	☐	☐	☐	☐	☐
E.	Handouts	☐	☐	☐	☐	☐
F.	Reference Materials	☐	☐	☐	☐	☐
G.	Course Requirements	☐	☐	☐	☐	☐
H.	Class Time	☐	☐	☐	☐	☐
I.	Physical Arrangements	☐	☐	☐	☐	☐
J.	Support	☐	☐	☐	☐	☐

II. Comments/Recommendations

III. Instructional Team

Check appropriate box:

☐ Instructional Team Leader ☐ Instruction Team Member

Appendix J

Final Evaluation of Teacher Component Form

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA
REGION VI EDUCATIONAL CENTER

FINAL EVALUATION OF TEACHER COMPONENT

ESEA, Title IV, Part C Project — Improving Instruction through Supervision

I. Program Format, Content and materials

Please let us know how you regard the following by placing a check in one of the boxes for each category.

	Very Good	Good	Average	Fair	Poor
A. Course Organization	☐	☐	☐	☐	☐
B. Quality of Content	☐	☐	☐	☐	☐
C. Practicality of Content	☐	☐	☐	☐	☐
D. Use of Class Time	☐	☐	☐	☐	☐
E. Variety of Instructional Methods	☐	☐	☐	☐	☐
F. Provision for Individual Participation	☐	☐	☐	☐	☐
G. Handouts	☐	☐	☐	☐	☐
H. Textbook	☐	☐	☐	☐	☐

II. Program Effect

(Circle response)

A. Do you feel that your attitude about supervision has changed? Please explain _____

_____

B. Do you feel that you are a part of the Region VI effort to provide support for teachers? Yes No

III. General Reaction

1. How do you rate this staff development activity for Region VI teachers?

Very Good	Good	Average	Fair	Poor

2. How do you view clinical supervision as an aid in the improvement of instruction?

Very promising	Promising	Undecided	Of little help	Of no help

IV. Recommendations and Comments

A. Recommendations for improving the course _____

_____

_____

B. Comments _____

_____

_____

Appendix K

Sample Action Plan for Implementation of the Clinical Supervision Model at the Building Level

IMPLEMENTATION OF CLINICAL SUPERVISION MODEL

AT

THE BUILDING LEVEL

*** AN ACTION PLAN ***

Presented by

Jennifer J. Gibbs
Gloria M. Odoms
Diane L. Robinson
Helen Barbara

to

Mrs. Delores Carter, Instructor
IMPROVING INSTRUCTION THROUGH SUPERVISION
****

on

Friday, May 18, 1979

IMPLEMENTATION OF CLINICAL SUPERVISION MODEL AT LANGSTON HUGHES ELEMENTARY SCHOOL

SCHOOL DESCRIPTION	Elementary School - Pre-K - 6, Enrollment 147. Average class 21, teacher-pupil ratio, 21 - 1 (One teacher per grade level.) Staff Size: Seven (7) classroom teachers, One (1) music teacher, One (1) reading teacher, One (1) P.E. teacher - 2 days a week, One (1) librarian, One (1) counselor, principal, administrative assistant, lunch clerk, two custodians.
PHILOSOPHY	Every school should provide an excellent, effective, and efficient instructional program designed to meet the needs of all students (K - 6) which will enable them to grow as individuals and develop into productive and constructive citizens.
GOAL	To plan a system of peer assistance for Langston Hughes Elementary School, using the clinical supervision model as developed by the Region VI ESEA, Title IV, Part C - Improving Instruction through Supervision.
PROCESS OBJECTIVES	(1) For the School Year 1979 - 1980, the Langston Hughes Elementary School will have implemented a pilot peer assistance program based on the clinical supervision model as evidenced by records on file in the principal's office. (2) By the end of the School Year 1979 - 1980, the Langston Hughes Elementary School will utilize the clinical supervision model to promote positive faculty interaction as peer supervisors.

PERFORMANCE OBJECTIVES

(1) Given a least 2 initial staff development sessions, 95% of the faculty of Langston Hughes Elementary School will identify and specify strategies utilized in the peer supervision model.

(2) Given the necessary time for staff development, the 4th, 5th and 6th grade teachers will implement a pilot peer assistance program based on the clinical supervision model.

RESOURCES

1. School System's Instructional Support Team
2. Former Peer Assistance Teachers
3. Two-W Project - Reading and Math
4. Title I - Reading and Math
5. Regional Instructional Support Team
6. Building Peer
7. Volunteers from Community
8. Museum Educational Project Aids
9. Howard University Interns for Tutoring
10. Washington Project for the Arts
11. Watha T. Daniel Library

CONSTRAINTS

1. Limited textbooks
2. Limited time for staff development
3. Swimming Pool incomplete
4. Lack of free buses for trips
5. Sixty Percent of the children are from lower income homes
6. Not enough money for supplies and equipment
7. Instrumental Music Teacher 50% of the time.

CRITICAL TASKS

Task No.	Task	Responsible Person	Completion Date
1.	Establish a Peer Assistance Program Task Force.	Principal, Peer Assistance Teachers	September 10, 1979
2.	Review with Administration the Building Objectives and Instructional Needs.	Peer Assistance Teachers	September 11, 1979

Task No.	Task	Responsible Person	Completion Date
3.	Review with Individual Teachers the Objectives and Instructional Needs.	Principal/Peer Assistance Teachers	September 28, 1979
4.	Write Clinical Supervision Action Plan.	Peer Assistance Teacher Task Force	October 1-12, 1979
5.	Present Clinical Supervision Action Plan to Faculty.	Principal	October 22, 1979
6.	Modify Clinical Supervision Action Plan.	Peer Assistance Teacher Task Force	October 23, 1979
7.	Present Clinical Supervision Action Plan to Region II	Principal	October 24, 1979
8.	Establish Committees to Facilitate Implementation of Clinical Supervision Action Plan.	Peer Assistance Teacher Task Force	October 29, 1979
9.	Plan Staff Development for Staff in Clinical Supervision Process.	Peer Assistance Teacher Task Force, Principal	November 1, 1979
10.	Train Staff in Clinical Supervision Process.	Peer Assistance Teachers	Four Meetings
11.	Establish a Resource Center.	Peer Assistance Teacher Task Force	December 3, 1979
12.	Monitor the Plan Jan. 25, 1980 Jan. 26, 1980 June 6, 1980	Principal	Continuous
13.	Provide Workshops for Teachers	Peer Assistance Teacher Task Force	At least 2 initially
14.	Evaluate the Peer Assistance Program.	Peer Assistance Teacher Task Force	Week of June 2-6, 1980
15.	Report and Review the Total Building Evaluation of Action Plan.	Principal	June 9, 1980.

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MONITORING PROCESS	
- Teacher observation, analysis. - Primary (K-3) and Intermediate (4-6) level reviews. - Clinical Supervision Process observation by Peer Assistance Teacher Task Force. - Monthly tally of staff check-out of materials from the Resource Center. - Checklist from monthly assessments. - Workshop Evaluations. - Teacher Conferences. - End-of-Year Project Assessment	Evaluation will be conducted regularly on a monthly basis to determine the progress made in implementing the Clinical Supervision Model, and to revise strategies where necessary. There will also be an end-of-year project evaluation.

Appendix L

Recommendations and Comments from Final Evaluation
of Teacher Component From One Section

RECOMMENDATIONS AND COMMENTS FROM FINAL EVALUATION OF TEACHER COMPONENT FROM ONE SECTION

A. RECOMMENDATIONS

1. Another textbook, if possible.
2. The class could be arranged for a shorter period of time.
3. I feel that the course was handled very well. I would have been grateful for more class time to work out the action plan.
4. The time period was too long. Course can be shortened.
5. The course is entirely too long. It should be limited to one semester.
6. More demonstrations in classrooms with children or more demonstrations set up by supervisors to work in classrooms with teachers and pupils. Demonstrate the techniques and methods with children.
7. Maybe, if the course was scheduled two afternoons, weekly and shorter time periods would be helpful to the instructors and persons in attendance.
8. The class was given so much printed matter. It was difficult reading all of it; condense printed material.
9. Video tape actual classroom teaching.
10. More time given to sharing of experiences of using clinical model in school of participant.

B. COMMENTS

1. The course gave me an opportunity to see myself, and how I can improve in reaching more of my children.
2. The class was well organized and very informative. The teacher was well prepared and very helpful.
3. I enjoyed working with my instructor.
4. Also, I would prefer the term "assistance" to the use of "supervision."
5. I am ready for Part II.
6. I found this course very useful and I think it will certainly help improve instruction in my school.

7. I throughly enjoyed this course and found it very interesting and highly informative in all areas of instruction, and interpersonal relationships.

8. I've enjoyed this course, and I feel that I have learned a great deal, and my performance will improve.

9. This course seemed to help my self confidence as a teacher, especially in working with other teachers.

10. The course allowed me to meet and share experiences with other teachers.

11. I enjoyed the course tremendously. The course was relevant.

Appendix M

Perceptions of Region III Administrators Relative to Clinical Supervision

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA — MAY 1979

SEA, Title IV, Part C Project — Improving Instruction Through Supervision

Perceptions of Region III Administrators Relative to Clinical Supervision

mber of participants - 70
mber of respondents - 51

	Yes	No	Undecided
Do you feel that you understand the clinical supervision model?	98%	0	2%
Do you feel that you can successfully follow the clinical supervision model with a member of your teaching staff?	84%	2%	14%
Do you feel that you have been sufficiently trained in the use of the model that you can provide support for selected teachers who will be trained next year?	56%	8%	36%
Do you feel that teacher and administrator use of the model can ultimately provide a strong system of supervisory support for teachers at the local school level?	84%	0	16%
Do you feel that as a result of the workshops this year you have learned anything new about supervision?	94%	6%	0
Do you feel that this staff development activity for administrators was worthwhile?	100%	No	Undecided

With reference to the clinical supervision model, how do you regard your proficiency in each of the following areas? (Place an X in the appropriate box.)

a. Observation and analysis of classroom teaching

Very Good	Good	Average	Fair	Poor
25%	50%	23%	2%	0

b. Conducting conferences with teachers, using a supportive approach

Very Good	Good	Average	Fair	Poor
31%	47%	22%	0	0

c. Planning and providing experiences to produce improved teacher behavior

Very Good	Good	Average	Fair	Poor
25%	47%	28%	0	0

How do you rate this staff development activity for Region III Administrators?

Very Good	Good	Average	Fair	Poor
57%	33%	10%	0	0

How do you view clinical supervision as an aid in the improvement of instruction?

Very promising	Promising	Undecided	Of little help	Of no help
39%	59%	2%	75 0	0

Perceptions of Region III Administrators Relative to Clinical Supervision

#10 What do you like most about the clinical supervision model?

The instructor
It's a systematic, objective and cooperative method of supervision
The support and assistance aspect (administrator-teacher)
I enjoyed the democratic process. Mutual interaction between teacher and administrator
Pre-appraisal conference - It is a team approach and communication between the observer and observee increases significantly. Both know what to expect
Pre-conference
Positive approach
The team work that supervisor and teacher must have
Personal relationship
Non-judgmental objective setting approach
The causal approach that encompasses the model
It's objectivity
The fact that teachers don't feel threatened by supervision, but accept it as a mutual endeavor to improve instruction which leads to improvement in learning for pupils
It's involvement of both the supervisor and teacher in making decisions about proposed improvements
It levels itself towards understanding a group of procedures an administrator can use to improve teacher competency
Pre-conference that sets up guide for observation
It helps teachers to feel secure. It helps teachers with self-analysis
Given nearly ideal conditions including time, rapport, etc., it can work
Pre and post conferences
Its positive approach toward improving instruction - cooperative communication
Opportunity for constructive help
The analyzing of the classroom observation and conference techniques
Teamness
Post conferences
The process is well defined. Also, the process allows one to view teacher perception and input in a positive and constructive manner
Pre-observation conference
Involving the teacher in this process of improving instruction
Pre-appraisal conferences/post appraisal conferences
Providing opportunity for the teacher to plan and analyze her teaching mode and to solve problems with minimum amount of assistance

#10 continued

Non-threatening approach
A system wide system of action with a great percentage of cooperation it can be very promising
It necessitates mutual respect between supervisor and teacher for maximum effectiveness
It provides a goal for both teacher and administrator
The process
The realistic approach
The opportunity to discuss and analyze objectives with teacher. It should make procedures very clear and direct to teacher
One-to one relationship to discuss ways of improving instruction and recognizing strengths and weaknesses of all parties
Organization
A new practical process for improvement of instruction
I think that all parts of the clinical supervision model are very real and necessary. I plan to use it in the future.
The professional respect that is demanded by both parties
Having definite steps to follow
Openess - new approaches

Perceptions of Region III Administrators Relative to Clinical Supervision

#11 What do you like least about the clinical supervision model?

Nothing
The process is a lengthy and time consuming one, and the number of participants will, thus, be few
No complaints about the model. The time element seems to be a constraint
Constraints of time when you consider the multitude of tasks that are the duties of the administrator
Constraints such as time, that prevent full usage of the clinical supervision model
More time
Very time consuming
Time required to implement
The amount of time it takes
Does not cover all modes of instruction adequately. Areas in the individualized approach are not inclusive
A great deal of planning is necessary
Its time consuming
Paper work
Time away from school
The amount of time
Time for conferences with individual teachers
Time consumption
Time constraints/possible resistance on part of teacher
Time does not permit (in the real world) the administrator at the elementary level of a large school to do what we would like to do
Too time consuming
We should work more toward a realistic course of action
Not enough time
Post conference analysis
Time needed to really ehlp process work - lack of stronger role for supervisor
Perhaps not flexible enough
Amount of time required to implement all steps of the process
Teachers need training also
The time involved
Lack of time
Lack of time for implementation
Time restraint
The model itself is very good, the implementation is the problem
Too time consuming
Time constraint in daily schedule
Post conference

Perceptions of Region III Administrators Relative to Clinical Supervision

#12 What do you suggest for next year's professional growth activities for Region III administrators?

Teacher Involvement
Extension of -
Involve as many teachers and administrators as possible with credit for administrators.
Conflict management techniques
Classroom Management Techniques
This supervision model be available for teachers as well as administrators.
Clinical Supervision for teachers
Classroom management workshops
After the exposure to teachers that administrators and teachers come together for a period of time sufficient for implementation without stress.
Conduct more workshops,
Further involvement in Clinical Supervision model, and in-depth strategies for CBC implementation (Management)
I think that there should be an all day refresher session on Clinical Supervision.
Workshops with Principals and assistant principals in communications.
There is a definite need on part of principals to know that they can not run a school alone.
Session to discuss use of the model
A refresher course in alternative strategies of instruction for administrators.
Time management.
Implementation of this model in controlled settings within each building (prototype settings)
Time provided for implementation at the building level.
Continuation of some with practice on site.
Further activities related to classroom observations.
Involve teachers with administrators.
Involve administrators and teachers together in clinical workshops (small groups)
An extension course
Observation techniques.
Expansion of workshop to include teachers and advanced work for administrators.
A continuation of clinical supervision workshops to provide administrators with more intensive assistance to help them implement their supervisory skills.
Workshops promoting community-school relationships that are meaningful and tangible.
I suggest a similar workshop.
Further training in clinical supervision.
Continuation into CBC instructional area and clinical supervision.
Expansion of the same.
Improving human relations among staff and improving communications.
Inter-intra personal relations - staff and administrators.
TAP Evaluation Procedures - Individualized instruction.
On-site workshops.

Perceptions of Region III Administrators Relative to Clinical Supervision

#13 Additional comments and/or recommendations

Rotate sessions. One in the morning and one in the afternoon
A massive mending job needs to be done in the area of improving morale, lessening discord and strife since the strike and perhaps to offset an impending strike in the fall
Training in the areas of special education laws, supply procedures and Board of Education rules on: athletics and transfer/boundaries
Future training should be for academic credit
Continue to obtain consultants of high quality who are excited about their work
Have smaller groups to provide more individualized help and provide greater opportunities for individual administrators to share problems in supervision
I truly enjoyed being a part of the group
Clinical supervision course has been a worthwhile experience. Hopefully next year I will be able to implement this approach to a greater extent. I also appreciate the wealth of materials shared with us.
Excellent leadership for the workshop by Dr. Ferren
It would be ideal if a complete faculty could take a course on clinical supervision, then everyone would be knowledgeable about what is actually the purpose of clinical supervision
Enjoyed Ann Ferren's workshop
Can only recommend that I get more practice in use of the model. This will be done.